PAGE 1 / 40

Image# 201601289004678885

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X F | or Other Than An Authorized Committee | Office Use Only |
|--|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ Example: If typing, over the lines. | type 12FE4M5 |
| Americas Health Insura | ance Plans PAC (AHIP PAC) | |
| | | |
| ADDRESS (number and street) | 601 Pennsylvania Avenue, NW | |
| Check if different | South Building, Suite 500 | |
| than previously reported. (ACC) | Washington | DC 20004 - |
| 2. FEC IDENTIFICATION NU | MBER ▼ CITY ▲ | STATE ▲ ZIP CODE ▲ |
| C C00106740 | 3. IS THIS REPORT X (N) | |
| 4. TYPE OF REPORT (Choose One) | Report Due On: | y 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) n 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election |
| (a) Quarterly Reports: | Apr 20 (M4) Jul | 20 (M7) Oct 20 (M10) X Jan 31 (YE) |
| April 15 Quarterly Report (Q | | General (12G) Runoff (12R) |
| July 15 Quarterly Report (Q | PRF-Flection | |
| October 15 Quarterly Report (Q January 31 | M = M / E | in the |
| Year-End Report (Y July 31 Mid-Year | | State of |
| Report (Non-election Year Only) (MY) | (d) 30-Day POST-Election General (30G) Report for the: | Runoff (30R) Special (30S) |
| Termination Report (TER) | Election on | in the State of |
| 5. Covering Period 12 | 01 / 2015 through | 12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| I certify that I have examined the | s Report and to the best of my knowledge and bel | lief it is true, correct and complete. |
| Type or Print Name of Treasure | Marilyn B. Tavenner | |
| Signature of Treasurer Maril | yn B. Tavenner [Electronically F | iled] Date 01 28 2016 |
| NOTE: Submission of false, errone | ous, or incomplete information may subject the persor | n signing this Report to the penalties of 2 U.S.C. §437g. |
| Office Use Only | | FEC FORM 3X Rev. 12/2004 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 12 01 2015 To: 12 31 2015

| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | |
|-----|--|-------------------------|-----------------------------------|--|--|--|--|--|
| 6. | (a) Cash on Hand January 1, 2015 | | 47941.84 | | | | | |
| | (b) Cash on Hand at Beginning of Reporting Period | 60088.31 | | | | | | |
| | (c) Total Receipts (from Line 19) | 12888.48 | 229329.60 | | | | | |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 72976.79 | 277271.44 | | | | | |
| 7. | Total Disbursements (from Line 31) | 10500.00 | 214794.65 | | | | | |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 62476.79 | 62476.79 | | | | | |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | |

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

| than loans) From: ons Other committees se Schedule A) | 7828.46 7828.46 7828.48 70.00 7888.48 70.00 70.00 70.00 70.00 | Calendar Year-to-Date 140507.42 8774.18 149281.60 0.00 80000.00 229281.60 0.00 0.00 |
|--|---|---|
| i) and (ii) | 7888.48 0.00 5000.00 12888.48 0.00 0.00 | 8774.18 149281.60 0.00 80000.00 229281.60 0.00 0.00 |
| i) and (ii) | 7888.48 0.00 5000.00 12888.48 0.00 0.00 | 8774.18 149281.60 0.00 80000.00 229281.60 0.00 0.00 |
| i) and (ii) | 7888.48 0.00 5000.00 12888.48 0.00 0.00 | 8774.18 149281.60 0.00 80000.00 229281.60 0.00 0.00 |
| i) and (ii) | 7888.48 0.00 5000.00 12888.48 0.00 0.00 | 149281.60 0.00 80000.00 229281.60 0.00 0.00 |
| committees | 0.00 5000.00 12888.48 0.00 | 0.00 80000.00 229281.60 0.00 |
| Committees ons (add Lines ad (c)) (Carry 3, page 5) ated/Other deceived | 12888.48 0.00 0.00 | 80000.00 229281.60 0.00 0.00 |
| ons (add Lines and (c)) (Carry 3, page 5) | 12888.48 0.00 0.00 | 229281.60 0.00 0.00 |
| ons (add Lines and (c)) (Carry 3, page 5) | 12888.48 0.00 0.00 | 229281.60 0.00 0.00 |
| ad (c)) (Carry 3, page 5) ated/Other deceived | 0.00 | 0.00 |
| ated/Other deceived | 0.00 | 0.00 |
| deceived | 0.00 | 0.00 |
| deceived | 0.00 | 0.00 |
| deceived | 0.00 | 0.00 |
| deceived | | |
| deceived | | |
| Expenditures | 0.00 | 0.00 |
| Expenditures | 0.00 | 0.00 |
| · · · · · · · | | 0.00 |
| ata \ | | |
| etc.) | | |
| 37, page 5) | 0.00 | 0.00 |
| tions Made | , | , |
| | | |
| | 0.00 | 0.00 |
| • | | |
| · · | 0.00 | 48.00 |
| | , | |
| | | |
| H3) | 0.00 | 0.00 |
| | | |
| m Schedule H5) | 0.00 | 0.00 |
| | | |
| add 18(a) and 18(b)) | 0.00 | 0.00 |
| Sei Control | tes and Other s | sipts |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
|--|---|-----------------------------------|--|--|--|--|
| Operating Expenditures: (a) Allocated Federal/Non-Federal | 10141 11110 1 01104 | Odicinaal Teal to Bate | | | | |
| Activity (from Schedule H4) | | | | | | |
| (i) Federal Share | 0.00 | 0.00 | | | | |
| (ii) Non-Federal Share | 0.00 | 0.00 | | | | |
| (b) Other Federal Operating | | 7 | | | | |
| Expenditures | 0.00 | 1294.65 | | | | |
| (c) Total Operating Expenditures | 0.00 | 1204.65 | | | | |
| (add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party | 0.00 | 1294.65 | | | | |
| Committees | 0.00 | 0.00 | | | | |
| Contributions to Federal Candidates/Committees | | | | | | |
| and Other Political Committees | 10500.00 | 208500.00 | | | | |
| Independent Expenditures | 0.00 | 0.00 | | | | |
| (use Schedule E) Coordinated Party Expenditures | 7 | | | | | |
| (2 U.S.C. §441a(d)) (use Schedule F) | 0.00 | 0.00 | | | | |
| | , | | | | | |
| Loan Repayments Made | 0.00 | 0.00 | | | | |
| Loans Made | 0.00 | 0.00 | | | | |
| Refunds of Contributions To: | | | | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | | | | |
| | | 0.00 | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | | | |
| (c) Other Political Committees (such as PACs) | 0.00 | 5000.00 | | | | |
| (6.5.1.5.5) | | 7 | | | | |
| (d) Total Contribution Refunds | 0.00 | 5000.00 | | | | |
| (add Lines 28(a), (b), and (c))▶ | 0.00 | 5000.00 | | | | |
| Other Disbursements | 0.00 | 0.00 | | | | |
| | 3.00 | | | | | |
| Federal Election Activity (2 U.S.C. §431(20)) | | | | | | |
| (a) Allocated Federal Election Activity | | | | | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 | | | | |
| (i) I ederal onale | | | | | | |
| (ii) "Levin" Share | 0.00 | 0.00 | | | | |
| (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | | | | |
| With Federal Funds | 0.00 | 0.00 | | | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 | | | | |
| | | | | | | |
| Total Disbursements (add Lines 21(c), 22, | | | | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 10500.00 | 214794.65 | | | | |
| Total Federal Disbursements | | | | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | | | | |
| from Line 31) | 10500.00 | 214794.65 | | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 12888.48 | 229281.60 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12888.48 | 224281.60 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 1294.65 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 1294.65 |

Use separate schedule(s) (check for each category of the Detailed Summary Page

| FC | FOR LINE NUMBER: | | | PAGE | | 6 | OF | 40 |
|------------------|------------------|-----|--|------|--|----|----|----|
| (check only one) | | | | | | | | |
| | X 11a | 11b | | 11c | | 12 | | |
| | 13 | 14 | | 15 | | 16 | | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

| \rangle | NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (AHIP PAC) | |
|--------------|---|---|--|
| ۹. | Full Name (Last, First, Middle Initial) Brad Alexander Mailing Address 601 Pennsylvania Avenue N.W | | Date of Receipt |
| | Suite 500, South Building City | State Zip Code | 12 15 2015 Transaction ID : 2016010410734-2 |
| | Washington FEC ID number of contributing federal political committee. | DC 20004 | Amount of Each Receipt this Period |
| | Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Occupation Media Relations Coordinator Aggregate Year-to-Date ▼ 250.08 | |
| 3. | Full Name (Last, First, Middle Initial) Brad Alexander Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington | State Zip Code DC 20004 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-2 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans | Occupation Media Relations Coordinator | 10.42 |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.08 | |
| - | Full Name (Last, First, Middle Initial) Jeremy Allen | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City | State Zip Code | 12 15 2015 Transaction ID : 2016010410734-3 |
| | Washington FEC ID number of contributing federal political committee. | DC 20004 | Amount of Each Receipt this Period 125.00 |
| | Name of Employer | Occupation Vice President | |
| | Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Vice President Aggregate Year-to-Date ▼ 3125.00 | |
| s | UBTOTAL of Receipts This Page (optional) | | 145.84 |
| _ | | | |

TOTAL This Period (last page this line number only).....

| | FOR LINE N | IUMBER: | PAGE | 7 (|)F | 4 | | | | |
|--|------------------|---------|------|-----|----|----|--|--|--|--|
| Use separate schedule(s) | (check only one) | | | | | | | | | |
| for each category of the Detailed Summary Page | X 11a | 11b | 11c | 12 | | | | | | |
| zotanou cummary r ago | 13 | 14 | 15 | 16 | | ٦. | | | | |

| Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any personal name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ns PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Jeremy Allen Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City | State Zip Code | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-3 |
| Washington FEC ID number of contributing federal political committee. Name of Employer Americas Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼ | DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼ 3125.00 | Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) Tom Amontree Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify) | State Zip Code DC 20004 C Occupation Executive Vice President, Business Aff Aggregate Year-to-Date 4999.92 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-4 Amount of Each Receipt this Period 208.33 |
| Full Name (Last, First, Middle Initial) Tom Amontree Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Executive Vice President, Business Aff Aggregate Year-to-Date 4999.92 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-4 Amount of Each Receipt this Period 208.33 |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 541.66 |
| TOTAL This Period (last page this line number of | only) | |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOF | FOR LINE NUMBER: | | | PAGE | 8 | OF | 40 | |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|--|---|---|
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | s PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Chris Anderson Mailing Address 601 Pennsylvania Avenue N.W | ı. | Date of Receipt |
| Suite 500, South Building | State 7:- Code | 12 15 2015 |
| City Washington | State Zip Code DC 20004 | Transaction ID : 2016010410734-1 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.42 |
| Name of Employer America's Health Insurance Plans (AHIP | Occupation Associate-Clinical Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.08 | |
| Full Name (Last, First, Middle Initial) Chris Anderson | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building | | 12 31 2015 |
| City Washington | State Zip Code DC 20004 | Transaction ID: 2016010410754-1 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 10.42 |
| Name of Employer America's Health Insurance Plans (AHIP | Occupation Associate-Clinical Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.08 | |
| Full Name (Last, First, Middle Initial) C. Carmella Bocchino | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building | | 12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Washington | State Zip Code DC 20004 | Transaction ID : 2016010410734-5 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 208.33 |
| Name of Employer | Occupation | |
| America's Health Insurance Plans | Executive Vice President, Clinical Aff | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 4999.92 | |
| SUBTOTAL of Receipts This Page (optional) | | 229.17 |
| TOTAL This Period (last page this line number of | <u>·</u> | |

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

| EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | ` | ck only 11a 13 | e) 11b 14 | 11c 15 | \vdash | 12 16 | 17 |
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| ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a | , , , , | | | | _ | | | |

A NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation Executive Vice President, Clinical Aff America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.92 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-6 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1075.08 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 Zip Code City State Transaction ID: 2016010410754-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Regional Director America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1075.08 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOF | R LINE | NU | MBER | : | PAGE | : 1 | 10 OF | • | 4 |
|---|------|---------|----|------|---|------|-----|-------|---|---|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 1 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City State Zip Code Transaction ID: 2016010410734-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2149.92 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 31 2015 City State Zip Code Transaction ID: 2016010410754-7 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33

| | Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General Other (specify) ▼ | Occupation Vice President Aggregate Year-to-Date ▼ 2149.92 | |
|----|---|--|--|
| C. | • | | Date of Receipt |
| | Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City | W. State Zip Code | 12 15 2015 Transaction ID : 2016010410734-9 |
| | Washington | DC 20004 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | 62.50 |
| | Name of Employer | Occupation | |
| | America's Health Insurance Plans | Executive Director Product Policy | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1850.00 | |

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

229.16

| | FOF | LINE | NU | MBER | : | PAGE | 11 O | F | 40 |
|--|------|---------|----|------|---|------|----------|---|-----|
| Use separate schedule(s) | (che | ck only | or | ne) | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | 12 | | |
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| Any information conied from such Reports and | Statements may not be sold or used by any pers | on for the purpose of soliciting contributions |
|---|---|---|
| | he name and address of any political committee to | |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Pla | ans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Avenue N | I.W. | Date of Receipt |
| Suite 500, South Building | | 12 31 2015 |
| City | State Zip Code | Transaction ID: 2016010410754-9 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 62.50 |
| Name of Employer | Occupation | |
| America's Health Insurance Plans | Executive Director Product Policy | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1850.00 | |
| Full Name (Last, First, Middle Initial) 3. Yvonne Chanatry | 1 | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N | I.W. | M = M / D = D / Y = Y = Y |
| Suite 500, South Building City | State Zip Code | 12 15 2015 |
| Washington | DC 20004 | Transaction ID : 2016010410734-10 |
| | | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 104.17 |
| Name of Employer | Occupation | |
| America's Health Insurance Plans | Vice President, Marketing and Graphics | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 2650.08 | |
| Full Name (Last, First, Middle Initial) C. Yvonne Chanatry | 1 | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building | | 12 31 2015 |
| City Washington | State Zip Code DC 20004 | Transaction ID : 2016010410754-10 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 104.17 |
| Name of Employer | Occupation | - |
| America's Health Insurance Plans | Vice President, Marketing and Graphics | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | | |
| Other (specify) ▼ | 2650.08 | |
| SUBTOTAL of Receipts This Page (optional) | > | 270.84 |
| TOTAL This Period (last page this line number | er only) | |

FOR LINE NUMBER: PAGE 12 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2016010410734-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General 250.08 Other (specify) Full Name (Last, First, Middle Initial) B. Kirstin Dawson Date of Receipt Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building 12 31 2015 City State Zip Code Transaction ID: 2016010410754-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.42 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Research Associate, Clinical Po Receipt For: Aggregate Year-to-Date ▼ Primary General 250.08 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2016010410734-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 1525.00 Other (specify) 83.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a | | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA | C (AHIP PAC) | |
| Possint For: | 20004 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-12 Amount of Each Receipt this Period 62.50 |
| Possint For: | 20004 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-13 Amount of Each Receipt this Period |
| Possint For: | 20004 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-13 Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional) | • | 82.50 |
| TOTAL This Period (last page this line number only) | | |

FOR LINE NUMBER: PAGE 14 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 12 City Zip Code State Transaction ID: 2016010410734-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.92 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Beth Donahue Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 31 2015 City State Zip Code Transaction ID: 2016010410754-14 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive VP, Policy & Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.92 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 15 2015 Suite 500, South Building City State Zip Code Transaction ID: 2016010410734-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.08 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer

America's Health Insurance Plans

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | FOF | LINE | NU | MBER | : | PAGE | . 1 | 15 OF | : | 40 |
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| Use separate schedule(s) | (che | ck only | or | ne) | | | | | | |
| for each category of the Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | | |
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 City State Zip Code Transaction ID: 2016010410754-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.08 Other (specify) Full Name (Last, First, Middle Initial) **B.** Matthew Eyles Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 12 07 2015 City State Zip Code Transaction ID: BBD6B66DFE99448F84CB Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 950.00 federal political committee.

| America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Executive Director, Policy & Regulator Aggregate Year-to-Date ▼ 4050.00 | |
|--|---|---|
| Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City | V. State Zip Code | Date of Receipt 12 |
| Washington FEC ID number of contributing federal political committee. | DC 20004 | Amount of Each Receipt this Period 20.83 |
| Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | Occupation Policy Analyst Aggregate Year-to-Date ▼ 524.92 | |
| SUBTOTAL of Receipts This Page (optional) | | 1012.50 |

Occupation

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one)

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and Staten or for commercial purposes, other than using the name | | |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F | PAC (AHIP PAC) | |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Ag | State Zip Code DC 20004 Cupation licy Analyst gregate Year-to-Date ▼ | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-17 Amount of Each Receipt this Period 20.83 |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Sel | State Zip Code DC 20004 Coupation nior Vice President gregate Year-to-Date ▼ 1100.08 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-18 Amount of Each Receipt this Period 41.67 |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Se | State Zip Code DC 20004 Cupation nior Vice President gregate Year-to-Date ▼ 1100.08 | Date of Receipt 12 31 2015 Transaction ID : 2016010410754-18 Amount of Each Receipt this Period 41.67 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only) | | 104.17 |

| | FOF | R LINE | NU | MBER | : | PAGE | . 1 | 17 OF | 40 |
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| Detailed Summary Page | X | 11a | | 11b | | 11c | | 12 | |
| | | 13 | | 14 | | 15 | | 16 | 17 |

| | d Statements may not be sold or used by any per the name and address of any political committee | |
|--|--|------------------------------------|
| NAME OF COMMITTEE (In Full) | | |
| Americas Health Insurance Pl | lans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) 1. Leanne Gassaway | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue | N.W. | M = M / D = D / Y = Y = Y |
| Suite 500, South Building | | 12 15 2015 |
| City | State Zip Code | Transaction ID : 2016010410734-19 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 27.08 |
| Name of Employer | Occupation | 1 |
| America's Health Insurance Plans | Regional Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 699.92 | |
| Other (specify) | 000.92 | |
| Full Name (Last, First, Middle Initial) 3. Leanne Gassaway | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue I | N.W. | M M / D D / Y Y Y Y Y |
| Suite 500, South Building | | 12 31 2015 |
| City | State Zip Code | Transaction ID : 2016010410754-19 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 27.08 |
| Name of Employer | Occupation | 1 |
| America's Health Insurance Plans | Regional Director |] |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 699.92 | |
| Other (specify) | 555,52 | |
| Full Name (Last, First, Middle Initial) | | |
| Cynthia Goff | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building | N.W. | 12 15 _ 2015 _ |
| City Suite 500, South Building | State Zip Code | Transaction ID : 2016010410734-20 |
| Washington | DC 20004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 83.33 |
| Name of Employer | Occupation | 1 |
| BlueCross and BlueShield of Minnesota | Executive Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1999.92 | |
| Other (specify) | 1000.92 | |
| SUBTOTAL of Receipts This Page (optional) | · | 137.49 |
| TOTAL This Period (last page this line numb | er only) | |
| I I I I I I I I I I I I I I I I | U: U: 1 1 1 1 1 1 1 1 1 1 | |

FOR LINE NUMBER: PAGE 18 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-20 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1999.92 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Hamelburg Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 City State Zip Code Transaction ID: 2016010410754-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2375.00 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 2016010410734-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 31 2015 City State Zip Code Transaction ID: 2016010410754-22 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nick Holder Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Ste 500 21 2015 City Zip Code State Transaction ID: 54C964B11B1549958FD9 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Senior Director of External & Politica America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 20 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 12 City Zip Code State Transaction ID: 2016010410734-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 31 2015 City State Zip Code Transaction ID: 2016010410754-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 15 2015 City State Zip Code Transaction ID: 2016010410734-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) 104.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 21 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.08 Other (specify) Full Name (Last, First, Middle Initial) B. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation **AHIP Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.65 Other (specify) Full Name (Last, First, Middle Initial) c. Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 City State Zip Code Transaction ID: 2016010410754-26 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation AHIP **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.65 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 22 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Erik Komendant Date of Receipt Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building 07 2015 City Zip Code State Transaction ID: 720E55E02AF6470DA6E8 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 3025.00 Other (specify) Full Name (Last, First, Middle Initial) B. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 864.62 Other (specify) Full Name (Last, First, Middle Initial) c. Clare Krusing Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 City State Zip Code Transaction ID: 2016010410754-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Press Secretary** Receipt For: Aggregate Year-to-Date ▼ Primary General 864.62 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF

| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and States or for commercial purposes, other than using the nar | | rson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plans | PAC (AHIP PAC) | |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Propriet For: | State Zip Code DC 20004 Cocupation ce President ggregate Year-to-Date ▼ 1999.92 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-29 Amount of Each Receipt this Period 83.33 |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Vice | State Zip Code DC 20004 C ccupation ce President ggregate Year-to-Date ▼ 1999.92 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-29 Amount of Each Receipt this Period 83.33 |
| Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Property For: | State Zip Code DC 20004 C ccupation ce President, Federal Affairs ggregate Year-to-Date 1999.92 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-30 Amount of Each Receipt this Period 83.33 |
| SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only | | 249.99 |

FOR LINE NUMBER: PAGE 24 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1999.92 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.92 Other (specify) Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 31 2015 Suite 500, South Building City State Zip Code Transaction ID: 2016010410754-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 4999.92 Other (specify) 499.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| for each category of the Detailed Summary Page | × | 11a | | 11b | | 11c | | 12 | | |
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| | d Statements may not be sold or used by any pers the name and address of any political committee t | |
|---|---|---|
| NAME OF COMMITTEE (In Full) Americas Health Insurance P | lans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) A. Holly Macmoran | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building | | 12 15 2015 |
| City Washington | State Zip Code DC 20004 | Transaction ID : 2016010410734-32 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.83 |
| Name of Employer America's Health Insurance Plans Receipt For: Primary General | Occupation Program Manager Aggregate Year-to-Date ▼ 499.92 | - |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Holly Macmoran | 433.32 | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington | N.W. State Zip Code DC 20004 | 12 31 2015 Transaction ID : 2016010410754-32 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 20.83 |
| Name of Employer America's Health Insurance Plans | Occupation Program Manager | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.92 | |
| Full Name (Last, First, Middle Initial) C. Amber Manko | | Date of Receipt |
| Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington | N.W. State Zip Code DC 20004 | 12 15 2015 Transaction ID : 2016010410734-33 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 41.67 |
| Name of Employer | Occupation | _ |
| America's Health Insurance Plans Receipt For: Primary General Other (specify) | Deputy Director, Federal Affairs Aggregate Year-to-Date ▼ 895.80 | _ |
| SUBTOTAL of Receipts This Page (optional) | | 83.33 |
| TOTAL This Period (last page this line numb | er only) | |

FOR LINE NUMBER: PAGE 26 OF 40 Use separate schedule(s) (check only one) X 11a 11b 11c 12 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 895.80 Other (specify) Full Name (Last, First, Middle Initial) B. Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 31 2015 City State Zip Code Transaction ID: 2016010410754-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Director of Human Resources America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 81.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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| TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
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| Any information copied from such Reports and St or for commercial purposes, other than using the | | |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Plan | ns PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Vice President, IT Aggregate Year-to-Date ▼ 252.00 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-36 Amount of Each Receipt this Period 10.50 |
| Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ | State Zip Code DC 20004 C Occupation Vice President, IT Aggregate Year-to-Date ▼ | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-36 Amount of Each Receipt this Period 10.50 |
| Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | V. State Zip Code DC 20004 C Occupation Executive Director Product Policy Aggregate Year-to-Date ▼ 480.00 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-37 Amount of Each Receipt this Period 20.00 |
| SUBTOTAL of Receipts This Page (optional) | | 41.00 |
| TOTAL This Period (last page this line number of | only) | |

FOR LINE NUMBER: PAGE 28 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 2016010410754-37 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 12 15 2015 City State Zip Code Transaction ID: 2016010410734-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 31 2015 Suite 500, South Building City State Zip Code Transaction ID: 2016010410754-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation Senior Associate Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may not be sold or used by any pe the name and address of any political committee | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) Americas Health Insurance Pl | lans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation Deputy Director, Meeting Services Aggregate Year-to-Date ▼ 250.08 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-39 Amount of Each Receipt this Period 10.42 |
| Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Avenue I Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation Deputy Director, Meeting Services Aggregate Year-to-Date ▼ 250.08 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-39 Amount of Each Receipt this Period 10.42 |
| Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation Director Product Policy Aggregate Year-to-Date ▼ | Date of Receipt 12 |
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SCHEDULE A (FEC Form 3X)

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| NAME OF COMMITTEE (In Full) Americas Health Insurance Pl | ans PAC (AHIP PAC) | |
| Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Avenue Note 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date 3000.00 | Date of Receipt 12 15 2015 Transaction ID: 2016010410734-42 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) Mark Pratt Mailing Address 601 Pennsylvania Avenue No Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 3000.00 | Date of Receipt 12 31 2015 Transaction ID: 2016010410754-42 Amount of Each Receipt this Period 125.00 |
| Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) | N.W. State Zip Code DC 20004 C Occupation Vice President, Membership Aggregate Year-to-Date ▼ 499.92 | Date of Receipt 12 |
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| $ \rangle$ | Americas Health Insurance Plan | ns PAC (| AHIP PAC) | |
| Α. | Full Name (Last, First, Middle Initial) Molina Healthcare, Inc. PAC | | | Date of Receipt |
| | Mailing Address 200 Oceangate Suite 100 | | | 12 21 2015 |
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| Mineola | NY | 11501 | | Transaction ID : DBF64F99019CA9595DA |
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| Candidate Name | | | Category/ | 1000.00 |
| | ment For: Primary Other (spe | General | Type | |
| Full Name (Last, First, Middle Initial) - Martin Heinrich for Senate Mailing Address PO Box 25763 | | | | Date of Disbursement 12 |
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| City S Albuquerque | State NM | Zip Code 87125 | | Transaction ID: 7FE8C5BA688BC890950 |
| Purpose of Disbursement 2018 Primary | | | 011 | Amount of Each Disbursement this Period |
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| Albuquerque | State NM | Zip Code 87125 | | Transaction ID : F36283281FD34B8BE98 |
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| Candidate Name Martin Heinrich | | | Category/ Type | -1000.00 |
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| A. Pete Aguilar for Congress | | | Date of Disbursem | |
| Mailing Address PO Box 10954 | | | 12 04 | 2015 |
| City | State Zip Code | | Transaction ID : | 9FA4D7738C152DBB6FD |
| San Bernardino Purpose of Disbursement | CA 92423 | | Transaction ib . | 31 A4D77300132DBB01 D |
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| Peter Ray Aguilar | | Type | | 1000.00 |
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| President | Other (specify) | | | |
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| B. Sean Patrick Maloney for Congres | S | | Date of Disbursem | ent |
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| Mailing Address PO Box 270 | | | 12 08 | 2015 |
| , | State Zip Code NY 12550 | | Transaction ID: | B6209FCA59EA2504259 |
| Newburgh Purpose of Disbursement | NY 12550 | | | |
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| Sean Patrick Maloney | | Type | | 1000.00 |
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| C. Terri Sewell for Congress | | | Date of Disbursem | ent |
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| NAME OF COMMITTEE (In Full) | NA O (ALUD DA O) | | | |
| Americas Health Insurance Plans F | PAC (AHIP PAC) | | | |
| Full Name (Last, First, Middle Initial) | | | D-11 (D) (| |
| A. Tiberi for Congress | | | Date of Disbursem | |
| Mailing Address 2931 E Dublin Granville Road | | | 12 08 | 2015 |
| Suite 190 | Note 7:- 0 - 1 | | | |
| , | State Zip Code OH 43231-2098 | | Transaction ID: | 81BFB5AE87447DC0E8 <i>A</i> |
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| B. Vargas for Congress | | | Date of Disbursem | ent |
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| Mailing Address 330 Encinitas Blvd | | | 12 04 | 2015 |
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| State: District: | | | | |
| | | | | 3500.00 |
| SUBTOTAL of Disbursements This Page (optional) | | ·····• | | 3300.00 |
| TOTAL This Period (last page this line number only) | | | | 10500.00 |